



Department Of Insurance

P.O. Box 517
Frankfort, Kentucky 40602-0517
Phone 502-564-3630 or 1-800-595-6053

JANIE A. MILLER
COMMISSIONER

PAUL E. PATTON
GOVERNOR

APPLICATION TO AMEND CERTIFICATE OF AUTHORITY FOR HMO/LHSO

Federal ID No.: _____ NAIC No.: _____ NAIC Group No.: _____

(Name of Company)

incorporated under the laws of the state of _____ located in the City of _____,

State of _____ wishes to amend its existing Kentucky Certificate of Authority in the
following manner:

Name Change:

(New Name of Company)

Redomestication:

_____ to _____
(from previous city/state of domestication) (new city/state of domestication)

Effective date of change: _____

Signed by: _____ Date: _____
President or Vice President or Secretary

Form 104 Revised 10/18/2002



An Equal Opportunity Employer M/F/D